

267. **UEBER PUPILLENSTARRE IM HYSTERISCHEN ANFALLE NEBST WEITEREN BEMERKUNGEN ZUR SYMPTOMATOLOGIE UND DIFFERENTIALDIAGNOSE HYSTERISCHER UND EPILEPTISCHER ANFÄLLE** (On Immobility Pupils in Hysteria, with notes on the Symptomatology and Differential Diagnosis of Epileptic and Hysterical Attacks). J. P. Karplus (*Jahrbücher für Psychiatrie und Neurologie*, 17, 1898, p. 1).

Karplus here presents an extended series of observations with critical clinical histories of some eighteen cases of hysteria. Particular attention is paid to the condition of the pupils. In general he is opposed to the view that immobility of the pupils is of diagnostic value in the differentiation of hysteria and epilepsy, stating that in the attacks of hysteria major the pupils may be found to present exactly the same phenomena that are to be found in epileptic convulsions. In the consideration of hysteria without convulsions he shows that in these cases, three in number, the patients "lay as if dead" with closed lids, and in all of them there was immobility of the pupils to light.

Similar conditions were noted in the cases of hysteria with convulsive respiratory movements in which there was no loss of consciousness, also in cases with partial seizures and in still milder cases. The symptom has been found by him to be quite a common one in various hysterical conditions.

He further speaks of immobility of the pupils as a cortical phenomenon, believing that both dilatation and contraction have their representatives in the cortex, and that if for any reason the impulses from the cortex to the smooth muscle fibres of the iris are cut off, a condition of cramp exists in the iris musculature which is the basis of the phenomenon in question. Thus in a hysterical condition, a condition of cramp exists in the iris musculature similar to that found in the limbs whereby an analogous loss of the patellar reflex may be noted.

JELLIFFE.

268. **ZUR LEHRE VOM RUECKENMARKSABSCESS.** Concerning Abscess of the Spinal Cord. H. Schlesinger (*Deutsche Zeitschrift für Nervenheilkunde*, 10).

This case of abscess of the spinal cord reported by Schlesinger makes the tenth now on record. A woman of twenty-eight years was suddenly paralyzed in both lower extremities, and had complete loss of sensation and much pain in these parts. She had also a girdle feeling, rigidity of the muscles and tenderness on pressure of the vertebral column. Vesical paralysis and decubitus were noted. Death occurred about nine weeks after the beginning of the acute symptoms. At the autopsy an abscess, due to staphylococci, was found in the sacral and lumbar regions, extending into the lower thoracic portion of the cord. Peculiar foci were observed in the lower thoracic region, which were believed to be due to anæmic necrosis. A moderate degeneration was traced along the anterior fissure, through the thoracic into the cervical region, and was believed to represent the fibres of Marie's ascending sulcomarginal bundle.

SPILLER.

269. **DERMATO-NEUROSES.** (Savill. *Clinical Journal*, March 2d and 9th, 1898).

In two clinical lectures the author groups dermato-neuroses into "(a) those in which the lesion is situated in the course of a peripheral nerve (sensory or mixed); (b) those where the lesion is probably situated in the central nervous system (brain or cord); (c) those where the lesion is to be found at the end of the centrip-

etal or sensory nerve; and, finally (d), those in which the mischief is located in some part of the sympathetic nervous system."

In the first patient shown section of the median nerve had been done ten years before neuroses. The author divides the post-operation time into three periods. During the first two months there were what he calls paralytic symptoms. There was paralysis of the muscles and anæsthesia of the skin supplied by the median nerve, as well as congestion, increased perspiration and glossy skin in its distribution. The first and second fingers became thinner. At the beginning of the third month began what he calls the irritation stage. The patient had neuralgic pains and tenderness along the course of the nerve, vesicles appeared on the knuckles and over the terminal joints of the index and second fingers, and the skin over the radial half of the palm was redder and more wrinkled than on the ulnar half. This condition lasted for six months, when the bulbous growth which had formed at the point of section was cut out and nerve-sutures done, after which the patient made a perfect recovery.

The second case was one of facial hemiatrophy, which came on after a severe bump on top of the head. The author considered it to be due to a paralytic lesion of the fifth nerve, because there was wasting and weakness of the muscles of mastication. Queerly enough, he does not state the condition of sensation, but the text reads as if it had been intact.

He next presented a case of severe facial neuralgia, with herpes on the forehead and grave changes in cornea and vitreous, as a case of "irritative lesion" of the same nerve. It is contended that an actual gross lesion of a sensory or mixed nerve produces skin changes, and that these differ with the nature of the lesion.

"A destructive lesion will produce glossy skin; and, also, if the lesion be severe and last long enough, extensive atrophy of the skin and its appendages. An irritative lesion in the same position will produce, though apparently in a shorter time, the opposite condition, viz., wrinkled or rough skin in the whole area of distribution; the vesicles will often appear in some parts of the area supplied by the irritated nerve."

As an illustration of tropho-neurosis from cerebral influence, the case of a young woman is cited who for three successive winters had suffered with pustular eruption on the hands. She was subject to hysterical fainting fits and attacks of migraine; but as she was employed at a large draper's where her hands were much exposed in handling the cloths, it may be fairly questioned if the case was one of hysterical skin affection.

Sclerodermic changes from syringomyelia were instanced among the tropho-neuroses of spinal cord diseases.

Two examples of skin affection supposed to be due to lesions of the ends of sensory nerves were shown. The first was a case of prurigo in an elderly man. The author believes that this disease is always caused by some disorder of the blood, generally due to some gastro-intestinal disturbance, and he finds a uniformly successful remedy in chloride of calcium. But the doses must be large, beginning with twenty grains and working up to forty-five grains, three times a day. The patient presented had obtained complete relief from thirty grains thrice daily, after meals.

As a reflex dermato-neurosis due to irritation of sensory nerves in a distant part, the author exhibited a case of facial chloasma in a young woman with endometritis and a small uterine fibroma.

Although only thirty-one years old, she had pronounced

wrinkles around eyes and mouth and the hands were harsh and wrinkled, all of which the doctor attributed to the condition of the womb. In a footnote he says that as the uterine functions gradually improved after curettement, the chloasma and wrinkles disappeared, to reappear four months later with a return of the menorrhagia.

Under tropho-neuroses, caused by disorder of the sympathetic nervous system, were classed Raynaud's disease, acroparæsthesia, giant urticaria, fugitive erythema and hyperidrosis. The vaso-motor cases have in common, paroxysmal appearances of the symptoms, symmetry of distribution, initial pallor followed by congestion, tendency of exposed parts to be affected and preponderance of women in the victims.

PATRICK.

270. THE LUMLEIAN LECTURES ON SOME PROBLEMS IN CONNECTION WITH APHASIA AND OTHER SPEECH DEFECTS. *Lancet* (April 3d, 10th and 24th and May 1st, 1897). Also ON A CASE OF AMNESIA OF 18 YEARS' DURATION WITH AUTOPSY. H. Charlton Bastian (Vol. 80 of the *Medico-Chirurgical Transactions*).

In his "Lumleian Lectures," the author begins with a consideration of the method of the storing up of word memories, and their reproduction as speech. There are three kinds of verbal memory. 1. "Auditory memory; the memory of the sound of words." 2. "Visual memory; the memory of the visual appearances (printed or written) of words." 3. "Kinæsthetic memory;" the latter being subdivided into "glosso-kinæsthetic" memories, i. e., "the memories of the different groups of sensory impressions, resulting from mere movements of the vocal organs during the utterance of words," and "cheiro-kinæsthetic" memories; i. e., "the memories of the different groups of sensory impressions, emanating from muscles, joints, and skin, during the act of writing individual letters and words." Since the centres for these different kinds of memories are not only in relation, each to its own afferent fibres, but are also closely connected with each other by commissural or associational fibres, the memory or recollection of a word in one, probably involves some simultaneous activity in one or more of the other centres. The centre for visual word memories is located in the angular gyrus and perhaps partly in the supramarginal lobule; that for auditory word memories in the posterior half or two-thirds of the upper temporal convolution. The author has previously stated his opinion that the motor centres of Ferrier and others "are really sensory centres of kinæsthetic type, by means of which movements are guided." The "glosso-kinæsthetic" centre is located in Broca's region. The "cheiro-kinæsthetic" centre cannot be so positively determined, but the author is inclined to follow Eauld, and to place it in the posterior part of the second frontal gyrus.

He suggests that the auditory and visual word centres are joined by a double set of commissural fibres, and that there is a particularly close connection between the auditory and "glosso-kinæsthetic" centres on the one hand, and between the visual and "cheiro-kinæsthetic" centres on the other. In the study of speech defects then, there are to be considered lesions, a, in the word centres themselves; b, in the different commissures by means of which these centres are connected; c, in the fibres connecting the two kinæsthetic word centres with their related motor centres in the bulb and cervical region of the cord; d, in these motor centres themselves. "Words are the symbols with which our thoughts are inextricably interwoven." Their revived "images" "may enter into thought pro-